

Arizona State Hospital

Phoenix, Arizona

Annual Report

July 1, 1963 — June 30, 1964



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Arizona State Hospital Board
Phoenix, Arizona

DWIGHT G. HUDSON, D. D. S, CHAIRMAN

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PHOENIX, ARIZONA

The Honorable Paul J. Fannin
Governor of the State of Arizona
Phoenix, Arizona

Dear Governor Fannin:

In submitting this Annual Report of the Arizona State Hospital, I wish to outline some of the outstanding accomplishments of the past year, which are worthy of more than a passing note.

The replacement of the Staff's two top administrative officers has taken place with a reasonably small amount of disturbance to the actual operation of the Hospital. Probably the most outstanding characteristic of the new Hospital Administration is its efficiency moves, both in personnel and accounting procedures, the benefits of which are just beginning to be felt.

These efficiency moves cover not only economy in the spending of funds indiscriminately, but the economy in personnel efficiency. Improved procedures have been adopted in the Personnel Department which allow a more fluid and communicative liaison between the top administrative officers and the general personnel throughout the Hospital. New studies in the Dietary Facility have resulted in eliminating inefficiencies in this department. You will notice the new form in which this Annual Report comes to you. This change is representative of our efforts to economize in every way possible.

Of course, the most outstanding change to take place in the Hospital in many years is the elimination by the Legislature of the perquisite program. As Chairman of the Board, I wish to take this opportunity to thank you and both Houses of the Legislature for your combined studies which allowed this to take place and also for the increase in our budget for professional personnel, enabling us to add to our staff as quickly as qualified persons become available.

We were advised this year by the Arizona State Board of Medical Examiner's that all doctors working in the Hospital must be properly licensed. This has caused some temporary hardships, but the remaining staff has risen to the occasion admirably in this emergency. The Board wishes to express its gratitude for such unselfish loyalty.

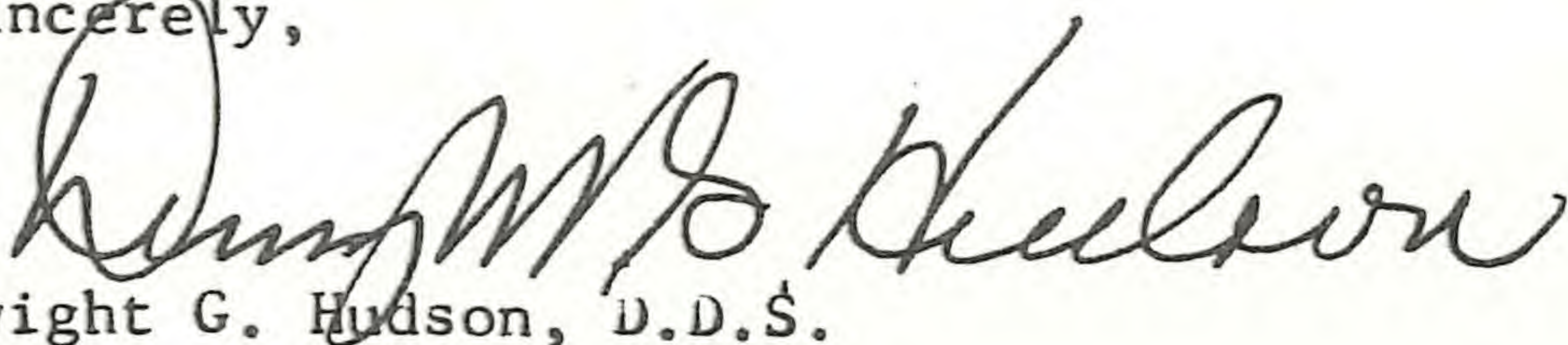
Three new buildings have been completed and occupied during 1964; the Administration Building, the Chapel and the new Dietary Facility. The use of these buildings will increase the efficiency and economy of the Hospital. For example, quarters in the new C-Building (as originally planned) are now available for the Out-Patient Clinic. This area was used temporarily by Nursing Service. The facilities, as planned, are excellent. The Hospital hopes to activate this service as soon as possible in cooperation with the local Psychiatric Association. The complete evacuation of the D-Building, after condemnation approval of the State Planning and Building Commission, is a step forward for which we can be justly proud. Relocation of patient population to other quarters has been accomplished in recent months.

Some additions and refinements have been made at the Southern Arizona Mental Health Center and it is now experiencing a tremendous acceptance by the community of Tucson. It is well established and is contributing greatly to the improvement of the mental health picture in the southern part of the state. It is hoped, in the future, facilities of this type can be established in other sections of our state; one in the north and one in the southwest.

Finally, the Board is proud to point to the fact that we have eliminated completely the farm operation; the therapeutic value derived did not warrant the high operational costs. It is expected we will lease the land until some of the more suitable possibilities for its use can be explored.

The Arizona State Hospital Board wishes to extend its thanks to you and your staff for the excellent cooperation which you have given us in this difficult but exciting year of change.

Sincerely,

A handwritten signature in dark ink, appearing to read "Dwight G. Hudson". The signature is fluid and cursive, with a large initial "D" and "H".

Dwight G. Hudson, D.D.S.

Chairman

Arizona State Hospital Board

ARIZONA STATE HOSPITAL BOARD

Dwight G. Hudson, D.D.S., Chairman
Scottsdale, Arizona

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Tucson, Arizona

Ruth Z. Irving, Member
Tucson, Arizona

William C. Smitherman, Member
Bisbee, Arizona

William B. McGrath, M.D., Member
Phoenix, Arizona

MEDICAL STAFF

- * Robert J. Shearer, M.D. Acting Superintendent
- * Rex E. Whitney, M.D. Acting Director of Medical Services

PHYSICIANS

- George C. Dorsey, M.D.
- Douglass A. Haddock, M.D.
- * David V. Haws, M.D.
- Arnold Kendall, M.D.
- Ludmilla LeMair, M.D.
- * David M. Levin, M.D.
- * Max J. Menack, M.D.
- * Jose Perez, M.D.
- David West, M.D.
- Dominic F. Zito, M.D.

RESIGNED

- Samuel Wick, M.D. Superintendent
- George G. Saravia, M.D. Assistant Superintendent to 1-1-64, Acting Superintendent to 2-21-64 Assistant Supt. to 4-1-64, then to Consulting Staff.
- Maurice B. Ruland, M.D. Clinical Director 1-1-64 to 5-25-64
- Ram Gursahani, M.D. Psychiatrist to 6-25-64
- Abraham Ettleson, M.D. Director Medical-Surgical Services to 5-1-64

NURSING

- * J. LaRue Weed, R.N. Director of Nursing
- * Joyce Bain, R.N. Associate Director of Nursing, Service
- Margaret Haggarty, R.N. Associate Director of Nursing, Education
- Frances McLaughlin, R.N. Assistant Director of Nursing
- Kathleen White, R.N. Assistant Director of Nursing

SOCIAL SERVICE

- Philip L. Gordon, MSW Director
- * Jane Jenkins, MSW Supervisor
- Muriel Wittleder, MSW Supervisor

PSYCHOLOGY

- Paul W. Brewer, Ph.D. Director

REHABILITATION

- Marjorie Hill, OTR Director
- Mary E. Towey, OTR Assistant Director

CHAPLAIN

- Rev. Paul W. Strickland

MEDICAL RECORDS

- Philipine Castellana Assistant Medical Records Librarian

SOUTHERN ARIZONA MENTAL HEALTH CENTER

Robert J. Shearer, M.D.	Director
* Edward Gelardin, M.D.	Psychiatrist
* Marshall Jones, M.D.	Psychiatrist
* Robert K. Eisleben, MHA	Administrative Assistant
* JoEllen Stewart, BSN	Acting Director Nursing
* Milton Frank, MSWA	Director Social Service
* Roland G. Tharp, Ph.D.	Director Psychology
* Adelaide Smith, OTR	Director Rehabilitation

* Employed during fiscal year.

CONSULTING STAFF

NEUROSURGERY

John R. Green, M.D.
Hal W. Pittman, M.D.

RADIOLOGY

Marcy L. Sussman, M.D.

INTERNAL MEDICINE

Monroe H. Green, M.D.
David M. Forester, M.D.

PATHOLOGY

Joseph J. Likos, M.D.

ORTHOPEDIC SURGERY

L. I. Tuveson, M.D.

GENERAL SURGERY

Karl Harris, M.D.
Keith Harris, M.D.
Rex O. Vaubel, M.D.

ANESTHESIOLOGY

Alice Richards, R.N.
James C. Zemer, M.D.

UROLOGY

Paul L. Singer, M.D.

OPHTHALMOLOGY

Harry J. French, M.D.
Sheldon Zinn, M.D.

DENTAL

Morton Copenhaver, D.D.S.
Clarence W. Leininger, D.D.S.

TUBERCULOSIS

Bertram L. Snyder, M.D.

DERMATOLOGY

George K. Rogers, M.D.

PODIATRY

Dr. Myron Westerkamp
Dr. Alexander Vorgeas

OUT-PATIENT PSYCHIATRY

Maier I. Tuchler, M.D.
Roy Worthen, M.D.

TUCSON OUT-PATIENT PSYCHIATRY

Warren S. Williams, M.D.
Remo DiCenso, M.D.
Robert I. Cutts, M.D.
Jack A. Marks, M.D.
Mary Wetzel, Ph.D.
Ralph Wetzel, Ph.D.

YUMA OUT-PATIENT PSYCHIATRY

William R. Johnson, M.D.

BISBEE OUT-PATIENT PSYCHIATRY

Hubert Estes, M.D.
Wallace C. Diers, Ph.D.

REPORT OF ACTING SUPERINTENDENT

ARIZONA STATE HOSPITAL BOARD

Dwight G. Hudson, D.D.S., Chairman

The year 1963-1964 has been a difficult and perhaps even critical one in the history of the Arizona State Hospital. It has been characterized by many changes and by several abrupt departures from tradition. We hope it has been characterized also by some degree of progress.

There have been a number of changes in the top administrative ranks, which were followed inevitably by periods of confusion and uncertainty among patients and personnel alike as new individuals assumed leadership. Dr. Samuel Wick resigned as Superintendent, effective January 1, 1964, and he was replaced by Dr. George Saravia as Acting Superintendent, who also resigned several weeks later. Several other key members of the professional staff, including Mr. Rod Clelland, who had served as Business Administrator, also left during the year. Gradually they have been or are being replaced by well-qualified and capable persons. Mr. Robert Eisleben is our new Business Administrator, and Miss Jane LaRue Weed is now Director of Nursing. Mr. Don McClellan is Director of Personnel.

Following a special session of the Arizona State Legislature in June, 1963, a legislative committee was appointed to study policies and practices of the hospital and to make recommendations at the regular session of the Legislature in early 1964. Coincidental to this, the hospital became the focus of a great deal of publicity, much of it unfavorable. The initial result of these factors was renewed interest in hospital affairs on the parts of the legislators and the general public. This in turn led to our receiving a badly-needed increase in the legislative appropriation for our personnel budget for the next fiscal year. Additional legislative action resulted in other changes, including modification of the form of the hospital budget, and termination of the perquisite system for employees.

During the closing months of the present fiscal year, we therefore have been greatly concerned with making preparations to implement these innovations in as effective a manner as we are able.

A general reorganization of the entire hospital staff has also been begun recently. The primary objective of this is to increase the number of professional personnel and thereby offer a more comprehensive treatment program to our patients. A secondary, but still vital, objective is to economize elsewhere in the hospital operation wherever possible. Tightening the administrative structure will permit more consistent and direct supervision of all employees and enable them to know where they may fit into it on the basis of their educational backgrounds and experience.

Of utmost importance has been our desire to expand the medical staff and especially to attempt to recruit physicians with psychiatric training and experience. Salary ranges for these positions have been boosted quite dramatically to levels which are competitive nationally, and an intensive recruitment program has been initiated throughout the state and the entire nation. Hampered by the unfavorable publicity we have had, and restricted by the requirements of the new Medical Practices Act, we have found early response somewhat disappointing. However, the number of inquiries is increasing steadily, and we believe we can begin to feel more optimistic after recently hiring several new physicians.

Almost equal attention has been centered upon the simultaneous development of all other professional groups, and similar efforts are being made toward bolstering the staffs of the Nursing, Social Service, Psychology, and Rehabilitation Departments. Recognizing that ideal conditions may not be attained for several years, we nevertheless believe we are thus setting the stage for a new era in the history of the hospital — its goal, constantly improving the care of our patients.

This year has also brought obvious advancement in some areas of our total operation. Possibly the most significant has been the renewed interest and vigorous cooperation between the hospital and the Arizona State Department of Public Health and its Division of Mental Health. Tangible and rewarding results are already being enjoyed. Combining efforts of these two agencies is essential if we are to develop sound state-wide planning to provide effective psychiatric treatment for those who cannot afford it privately.

We have placed increasing emphasis on our educational programs as the most economic and effective means of increasing the knowledge and proficiency of all of our staff. Legislation which has enabled the hospital to accept gifts and grants now opens new avenues for obtaining needed resources with which to develop these programs, as well as to consider new approaches to treatment, and for the first time to plan for research.

Finally, the Southern Arizona Mental Health Center, the state's first community mental health center, acquired further stature with its rapid expansion of staff and development of a more comprehensive out-patient treatment program for residents in the southern part of the state. Although the problems of the hospital were unavoidably reflected in its functioning, primarily because of the draining off of its administrative staff, material gains have been made and future planning continues.

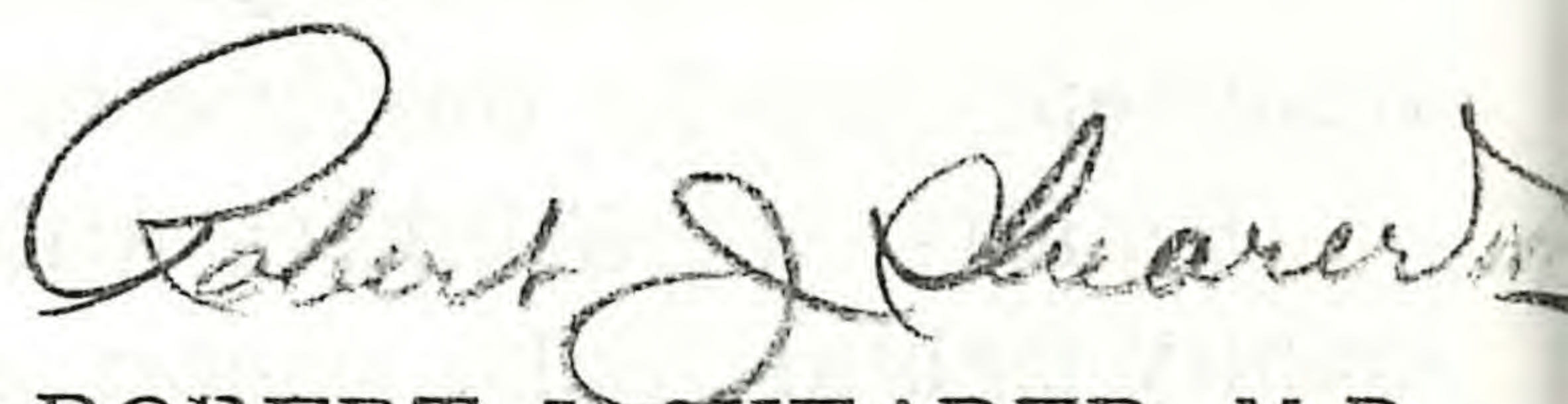
Much remains to be done. Still additional professional staff will prove to be a sound economic and humanitarian investment by improving the treatment program and thus reducing the stay of our patients. Patients continue to be housed in sub-standard buildings and are crowded into others, as we point out how desperately we need an adequate receiving and acute treatment unit. Much attention must be directed toward developing out-patient and Day Hos-

pital units throughout the State, and particularly in the Phoenix area. The unhappy alternative, in view of the rising population of the state, will be additional beds, buildings and staff at the hospital until it becomes progressively more unwieldy and less efficient. Bad publicity must be countered by good publicity if we are to gain in the constant battle of reducing the stigma associated with mental illness and with hospitalization in the State Hospital. And finally, a capable and experienced psychiatrist-administrator must be found to take over the position of Superintendent on a permanent basis and lead the way forward.

There can be no doubt that 1963-1964 has been an eventful year for the Arizona State Hospital. The entire hospital staff have weathered extremely difficult periods which have required their making major readjustments. Not all changes could possibly have been to everyone's liking and satisfaction, and yet most of the personnel have accepted these objectively and with an admirable spirit of dedication to their jobs.

I am deeply grateful to those who have helped and supported me during my temporary assignment as Acting Superintendent. I believe our darkest hours have now passed. During these hours I believe we have all found new strengths with which to face the tasks at hand and those of the future.

Respectfully submitted,

A handwritten signature in dark ink, reading "Robert J. Shearer". The signature is fluid and cursive, with a large, stylized initial "R".

ROBERT J. SHEARER, M.D.
Acting Director

MEDICAL DEPARTMENT

The Medical Department has experienced a number of changes during the past twelve months. Five members of the staff left, while five new members were added. The consultant staff remained essentially the same.

A ruling by the Attorney General's office to the Arizona State Board of Medical Examiners in April of this year has pointed out the legal requirement that physicians employed at the hospital be properly licensed to practice medicine. At the time the ruling was made, nine of our physicians were unlicensed. Cooperative efforts with the Board of Medical Examiners to remedy the situation without precipitating an extreme emergency are in progress. Those persons who cannot qualify for licensure must be replaced gradually as our recruitment drive becomes effective and licensed physicians are added to our staff.

Our new organizational structure will provide positions for a Superintendent, a Chief of Professional Services, a Chief of Psychiatric Services, a Chief of Medical Services, 6 psychiatrists and 8 physicians. Salaries for all positions have been raised to competitive levels, and perquisites in lieu of salary have been abolished. Physicians are no longer required to live on the grounds. All factors considered, our chances to begin to develop the medical staff during the next fiscal year seem very good. It should be pointed out, however, that the additional positions included above represent only a beginning in meeting the needs of the hospital. Even more positions must be created and filled if an effective treatment program is to be developed.

During the past year, very few new ideas could be introduced into the treatment program offered to our patients. With an average of eight ward physicians caring for approximately 1800 patients, it becomes apparent that an average of only slightly over *two minutes* of their time *was available* to each patient on each regular work day. It accordingly is obvious that considerably more medical staff will be required before we can begin to approach minimal standards of satisfactory medical care.

We have found it more economical and more practical to do fewer and fewer surgical procedures in the hospital, and we have been able to develop an arrangement through which we can have most of these done at a private hospital on a cost basis.

The Out-Patient Clinic of the hospital has made no gains during the year. The consultant psychiatrists have withdrawn their assistance, which has required our limiting service to former hospital patients only. At the present time, we are not beginning to meet the needs of even this group. The advantages of developing a comprehensive Out-Patient unit to reduce the number of hospital admissions are obvious, and this area of our treatment program requires much attention.

This has been a difficult year for our medical staff, who, more than any other group, have been the target of criticism. The turnover in staff has imposed great burdens on those who have remained with us. They have, for the most part, tried hard to provide the patients with the best possible care under sometimes very adverse circumstances. It is to their great credit that this has been true. We sincerely hope this next year will bring many needed improvements.

NURSING SERVICE

During the year covering July 1, 1963 to June 30, 1964, there have been some major changes in the structure of the Department of Nursing. In August 1963, the Director of Nursing resigned from the hospital and was replaced by the Assistant Director, who became Acting Director of Nursing. In February 1964, the Acting Director resigned, and this position was vacant until April 1, 1964, when a new Director of Nursing was appointed, working on a part time basis through the months of April and May, she assumed full-time duties on June 15, 1964. During the period when there was no Director of Nursing, the functions of this position were very capably carried out by the new Assistant Director of Nursing Service.

We have been able to add eight new Registered Nurses to our staff this past year. Most of them were employed for the beginning of the new fiscal year, July 1, 1964. This is the first step in expanding our professional nurse staff so that we will be able to meet hospital accreditation standards. We hope to add these positions as rapidly as our budget permits.

The addition of the new nurses to our staff helped to bring about a new classification of the professional nurse personnel. The Assistant Directors of Nursing Service and Nursing Education were reclassified to become Associate Directors of Nursing Service and Nursing Education, respectively. The two Nursing Supervisors responsible for the Nursing Service of the hospital on evening and night duty were reclassified from Supervisors to Assistant Directors. The classification of Nursing Supervisor was retained. The Staff Nurse was reclassified to Head Nurse and a new Staff Nurse position was created. This reclassification was done in keeping with the functions as used by the American Nurses Association for nursing personnel in hospitals and also to give our nurses the recognition which they deserve for their performance at the level where they have been functioning for a long time. Along with the reclassifications, there were some changes in the salary rate ranges for the Registered Nurse personnel. These changes have brought our salaries to a competitive level with other hospitals in the Phoenix area and we feel this will be helpful in the recruitment of more nurses.

In the area of Nursing Education, we are still the affiliating agency for four schools of nursing for the student psychiatric nursing experience. Two of these programs are the Associate of Arts degree programs. One is a baccalaureate degree program and the fourth is a diploma program. We have also been approached by another diploma program about the possibility of their students coming to Arizona State Hospital for part of their Psychiatric Nursing experience.

During the summer months of 1963, there were one hundred eighty-eight Psychiatric Aides who participated in an inservice education program in the hospital. This program had positive and negative features connected with it. It is felt that some of the material presented was helpful to the Aide. However, there was considerable resistance to attending this program, partly due to the shortage of coverage for the wards. The number of Aides attending class was a little better than half of our Psychiatric Aide staff. On June 1, 1964, a new inservice program was instituted. This program has been divided to reach two groups of the nursing personnel. One program is an inservice for the Registered Nurses. This program includes both the newly employed nurse and nurses who have been on our staff for some period of time. It is interesting to note that in the history of inservice education at Arizona State Hospital, the nurses have never been included in a program.

The other program is designed as a preservice training for new Aides as they are employed at the hospital. This program is designed to cover a full year of supervised inservice education. Nine months of this will be of an intensive nature; the final three months being the time in which the Aides will move into their permanent positions and then be evaluated on performance at the end of this time. At the completion of the one year's program, certification by the hospital will be awarded.

Another education program which we began working on in May 1964, is an application through the National Institute of Mental Health for an inservice education training grant. We have had several visits by representatives from N.I.M.H. Regional office in San Francisco and we anticipate submitting our application by August 1, 1964. If this grant is approved, we will receive it July 1, 1965 and it will be used to broaden and strengthen our present inservice program. The amount of this grant is \$25,000.00 per year and we hope that it will be extended to us each year for a five year period. We feel that by obtaining this grant, we can upgrade our standards of patient care and include, not only nursing personnel, but personnel from other areas of the hospital who have direct contact with patients. We see this as being a springboard to a continuous and active inservice education program which should pay great dividends to us in terms of providing a more therapeutic environment for patients and more job satisfaction to employees.

We have had Registered Nurses participating in the Western Interstate Council for Higher Education in Nursing continuing education program for the past two years. One nurse completed the last series in April 1964. In August 1964, a new series is beginning and we are sending three of our Head Nurses to these conferences which are held four times a year over a three year period.

Another program which has been making progress at the hospital is the Remotivation program. In a survey made in 1963, we found a good percentage of patients in the Remotivation group had moved to other therapies and many had gone home or to nursing homes. In 1963, all Charge Aides were oriented

to the remotivation program in order to acquaint them with the procedure and develop understanding of it and offer help to the Aides having group discussions. Fifteen additional Aides completed the training course in April 1964 and now all are holding group discussions with their patients. We have fifty-six active Remotivationists and plan to have more this next year.

One of the changes which has occurred, which affected our patients directly and we feel was a real accomplishment, was the evacuation of the old D-Building. In April 1964, the last group of patients was evacuated from Ward D-10. These were female patients and they were moved to Ward G-5 in the G-Building. The D-Building now stands vacant and we hope to see it demolished soon. We still have some extremely over-crowded, uncomfortable areas for patients. The two remaining old wings of the C-Building, housing Wards C-1 and C-5 need to be evacuated as soon as possible.

Some of the most significant events taking place early in the next fiscal year are the relocation of the Nursing Offices from the C-Building to the old Administration Building. This relocation will bring about the streamlining of the admitting process and patients will be admitted directly to the Receiving Wards. The procedures for discharge of patients directly from the wards are also being revised and will be in operation shortly.

The greatest needs of the Nursing Department lie primarily in increasing our professional Nursing and Aide staffs. Hospital accreditation requires that we have a staff of one hundred twenty-five Registered Nurses. We now have thirty-nine. We also need to increase our Psychiatric Aide staff to double what it is now in order to provide good comprehensive nursing care. After computing the ratio of nursing personnel to patients in the hospital, we have discovered that there are approximately twenty patients to each nursing employee on the wards during the day and evening tours of duty and thirty patients to one nursing employee at night. When this is computed in terms of hours of care each patient receives each day, it reveals an embarrassing figure of approximately ten minutes per day that each patient has contact with a nursing employee. Comprehensive and progressive nursing care under these odds is virtually impossible and it is ridiculous to suggest that this is even adequate nursing care. In view of this, we desperately need funds to increase our staffs, give salary increases on a merit basis, not a blanket increase, and remedy many existing inequities in Aides' salary ranges.

In spite of the financial limitations for personnel, we feel progress has been made this past year and signs for the future are favorable. The Department of Nursing offers terrific challenge and stimulation and an unlimited opportunity to achieve a sense of true job satisfaction.

SOCIAL SERVICE

During the past year, the trend toward an increasing number of patients being admitted and discharged from the hospital has continued. The hospital admission rate has more than tripled in the past decade. In 1953 there were 695 admissions; this has steadily increased to the present admission figure of 2,238 patients. The discharge rate has shown a comparable increase. This has a direct relationship to the growing demand for services from this department.

The addition of professional personnel to the social service staff during this period has been insufficient to provide the quality and quantity of service which would meet standards of professional social work. We have now established a long-range organizational plan which will provide the framework for the future expansion of the department. Two new positions for Psychiatric Social Work Supervisors were created and have been filled by well qualified personnel. Within this organizational pattern we can plan additions to our staff to meet requirements of the future hospital program, as well as upgrade the quality of our present service. A realistic salary scale for our professional staff has been established and positions have been allocated. We are actively recruiting for social workers with full graduate training to fill these vacancies.

Careful analysis has been made of procedures and departmental functions. This has resulted in procedural changes, which have afforded increased utilization of time by our staff in professional pursuits. We have also been able to eliminate one clerical position, although the department is handling a greater volume of paper work. We are continuing with this program with the ultimate goal of obtaining maximum utilization of staff time.

Two students from Arizona State University School of Social Service Administration were assigned for their field instruction to this hospital. Supervision was provided by our staff. Plans are completed for the expansion of the student unit to six or more graduate students, with the University furnishing a full-time field instructor. This program will not only assist us in recruiting new staff members, but will also strengthen our relationships with other agencies where students, after graduation, will be taking positions.

During the past year, we established a systematic inservice training and staff development program to include regular seminars structured to improve the competence of the professional staff. Additional meetings were conducted regularly for workers with specialized needs. The staff development program planned for the coming year is designed to afford our staff opportunities to develop their proficiency in group methods and techniques, in order that these methods can be fully utilized in our program. It is in our plans to obtain the services of well qualified consultants in this specialty to assist with this program. In addition, we are planning to continue to hold institutes jointly

with other hospital departments and community agencies, which will be advantageous to our staff as well as to the staffs of other agencies.

Our staff assigned to the receiving and intensive treatment services is under increasing pressures because of the greater number of patients assigned to them. In 1960, four of our staff were assigned to 1,776 admissions. This year the same number of workers were assigned to 2,238 admissions. Each admission requires interviews with the patient and available relatives, as well as correspondence with private physicians, hospital, and health or welfare agencies. We are attempting to arrange for a greater amount of participation from the patients' local community services. The development of this program is seriously curtailed by the lack of staff time available.

On the Continued Treatment Service, emphasis has been placed on locating home placements for the long-term patient, who has resided in the hospital for years and consequently no longer has the emotional support of family and friends. Forty-six patients in this category were discharged this year to this type of placement.

Seventy-three patients in the past year were placed in nursing or sheltered care homes. These patients would have continued to remain as custodial patients if community resources had not been developed to provide for their medical, housing and financial needs. With the growing number of patients residing in boarding and nursing homes, the need for staff to provide social welfare services to the patients, consultation with the nursing home operators, liaison with other county agencies is needed to maintain and expand the program.

Our geriatric program has been aided by the excellent cooperation received from the State and Maricopa County Health Department and the State and Maricopa County Offices of the Department of Public Welfare. A joint institute was sponsored for nursing home operators by this department and the Maricopa County Health Department for the purpose of improving patient care in the nursing home and to develop nursing home placements for our geriatric patients.

There are innumerable problems and lack of resources for the patient, who is a resident of the outlying counties. The Guidance Clinics of Cochise and Yuma Counties have continued to improve their services to our patients, who have returned to these counties. We are receiving assistance from the State Health Department in developing after-care resources and facilities in the outlying counties.

PSYCHOLOGY

The Psychology Department has followed the pattern of previous years in reducing the number of psychological evaluations and expanding group activities, particularly Group Psychotherapy and therapeutic community activities. This year only 55 evaluations were undertaken, but Group Therapy has now been carried on to involve patients from nine different wards, including four Continued Treatment wards. The Ward Administration program has expanded to three wards, and now for the first time involves a closed ward in addition to the previous two open wards.

Research activities have included work on several major studies. However, in this field there is the greatest need for improvement. With the stress on patient care, the research program has been continuously slighted. The Educational program has continued with an unusually large number of clinics and demonstrations to college groups, which were very well received. Since a one-way vision room is now available, teaching functions can be expanded, particularly to inservice training in the handling of groups.

Operating with only a very limited staff, the Department of Psychology has none-the-less made significant contributions to the hospital's treatment and education programs. A substantially increased departmental budget for the next fiscal year should allow considerable expansion of all phases of its activities.

REHABILITATION SERVICE

Rehabilitation assists an individual to achieve his maximum degree of physical, emotional, social and economic independence in recovery from illness or injury. Activity therapies are procedures or functions within the process of rehabilitation, adjunctive to definitive medical and psychiatric care.

For the mentally ill, Occupational Therapy structures a supportive atmosphere where the patient can explore his relationships to the environment, regain confidence through satisfactory interaction with other people and the accomplishment of purposeful activity. He is guided into activities of a recreational, creative, educational, or vocationally oriented nature that will promote improved environmental interaction. Occupational Therapy is also concerned with the patient's physical capacity for performance. Activities such as exercise to increase muscle strength, increase range of motion and improve coordination, complement the program in Physical Therapy, where exercise, gait training, and use of physical agents (heat, light, water, electricity) are of major importance to patients with physical limitations.

Together Physical and Occupational Therapy develop methods of self-care for patients with severely limited functioning. Physical Therapy was added to the scope of the Rehabilitation Department recently and much work needs to be done in developing a good restoration program to achieve greater physical independence for many patients.

Economic independence through satisfactory employment is a major goal of rehabilitation. The initial efforts in guiding a patient to work are begun in Occupational Therapy. Through Industrial Therapy, the objective gradually receives more specific emphasis, since work is the primary activity used to foster essential working habits, evaluate skills, increase work tolerance and productive capacity. Competitive employment is not a realistic goal for all the patients, but evaluation procedures to recognize the level of accomplishment an individual can attain and assisting him to understand his limitations is an important part of rehabilitation. Liaison with community agencies that can provide additional services for training and placement is important for the transition to independent living in the community. Much credit for the vocational success of the patients is due to the excellent assistance of the State Employment Service and the Division of Vocational Rehabilitation.

Arizona State Hospital has the nucleus for a successful rehabilitation program. Additional professionally-trained staff members are crucial for its development. Recruitment has been started, but the critical shortage of occupational and physical therapists that exists nationally means that acquiring the staff will be a slow process; therefore, it seems essential to maintain an ongoing recruitment program for several years in order to achieve a professional staff capable of meeting the patients' needs in the area of rehabilitation.

MEDICAL RECORDS REPORT

	<u>MALE</u>	<u>FEMALE</u>	<u>TOTAL</u>
In Hospital July 1, 1963	875	849	1,724
On Conditional Discharge	264	545	809
On Unauthorized Absence	26	21	47
TOTAL ON BOOKS	1,165	1,415	2,580

ADMISSIONS

First Admissions			
Commitments	329	282	611
Voluntary	186	225	411
Observations	8	2	10
Medical Certification (Inc. Emergency M.C.)	120	73	193
Readmissions			
Commitments	97	111	208
Voluntary	110	180	290
Observations	2	2	4
Medical Certification (Inc. Emergency M.C.)	20	25	45
Returned from Conditional Discharge	131	255	386
Returned from Unauthorized Absence	46	34	80
TOTAL ADMISSIONS	1,049	1,189	2,238
TOTAL PATIENTS TREATED	1,923	2,038	3,961

SEPARATIONS

Complete Discharges	553	500	1,053
Conditional Discharges	290	533	823
Unauthorized Absences	88	73	161
Deaths	98	71	169
TOTAL DISCHARGES	1,029	1,177	2,206
Discharged while on Conditional Discharge	109	231	340
Discharged while on Unauthorized Absence	20	13	33
Deaths on Conditional Discharge and U.A.	12	10	22
TOTAL	141	254	395
TOTAL SEPARATIONS	1,170	1,431	2,601

In Hospital June 30, 1964	895	861	1,756
On Conditional Discharge	303	583	886
On Unauthorized Absence	47	46	93
TOTAL ON BOOKS	1,245	1,490	2,735

MENTAL DIAGNOSIS

	FIRST ADMISSIONS		
	MALE	FEMALE	TOTAL
ACUTE BRAIN SYNDROMES			
Associated with Alcohol	52	3	55
Associated with Drug or Poison Intoxication	2	3	5
Associated with Convulsive Disorder	0	0	0
Other Acute Brain Syndromes	3	5	8
CHRONIC BRAIN SYNDROMES			
Diseases, Conditions due to Prenatal Influences	1	1	2
Meningoencephalitic Syphilis	1	0	1
Other Central Nervous System Syphilis	0	0	0
Epidemic Encephalitis	0	1	1
Other Intracranial Infections	0	0	0
Alcohol Intoxication	30	5	35
Drug or Poison Intoxication	0	0	0
Birth Trauma	2	1	3
Other Trauma	16	2	18
Cerebral Arteriosclerosis	69	51	120
Other Circulatory Disturbances	6	4	10
Convulsive Disorder	12	6	18
Senile Brain Disease, ...	14	21	35
Other Disturbances of Metabolism, Growth, Nutrition	0	0	0
Intracranial Neoplasm	0	0	0
Diseases of Unknown or Uncertain Cause	2	0	2
Chronic Brain Syndrome of Uncertain Cause	17	4	21
PSYCHOTIC DISORDERS			
Involutional Psychotic Reaction	5	22	27
Manic Depressive Reaction	8	7	15
Psychotic Depressive Reaction	2	8	10
Schizophrenic Reaction	169	181	350
Paranoid Reaction	8	5	13
Other Psychotic Reactions	0	0	0
Psychophysiologic Autonomic & Visceral Disorders	2	0	2
Psychoneurotic Reactions	70	119	189
Personality Pattern Disturbance	32	17	49
Personality Trait Disturbance	70	62	132
Antisocial Reaction	7	3	10
Dyssocial Reaction	0	0	0
Sexual Deviation	4	0	4
Alcoholism, Addiction	8	1	9
Drug Addiction	0	0	0
Special Symptom Reaction	0	0	0
Transient Situational Personality	5	5	10
Mental Deficiency	18	7	25
Without Mental Illness	4	2	6
Mental Illness Undiagnosed	4	36	40
TOTAL	643	582	1,225

MOVEMENT OF PATIENT POPULATION BY COUNTIES

COUNTY	RECEIVED	RETURNED FROM COND. DISCH. OR UNAUTH. ABSENCE	COND. DISCH. AND UNAUTH. ABSENCE	DISCHARGED	EXPIRED
Apache	14	4	5	8	1
Cochise	44	6	27	26	4
Coconino	44	1	7	34	3
Gila	32	7	14	21	5
Graham	30	6	13	19	3
Greenlee	18	2	7	13	2
Maricopa	1059	294	573	651	80
Mohave	21	3	9	13	1
Navajo	13	1	7	7	3
Pima	298	94	214	140	44
Pinal	91	24	48	66	6
Santa Cruz	5	4	8	4	0
Yavapai	47	11	27	19	12
Yuma	56	9	25	32	5
TOTALS	1772	466	984	1053	169

SOUTHERN ARIZONA MENTAL HEALTH CENTER

In September of 1963, funds provided by the Arizona State Legislature became available to begin the real staff development of the Southern Arizona Mental Health Center.

Earlier recruitment efforts enabled us to move rapidly in assembling a staff of exceptionally well qualified persons to fill most of the available positions. The professional staff was divided into two teams; a third team will be formed as soon as additional medical staff can be recruited. The teams have functioned as autonomous but complementary units in a program aimed at providing effective psychiatric care to a steadily increasing patient population.

Although it had been expected that the number of referrals and the number of active treatment cases would gradually level off, this has not yet happened. Concerted efforts to eliminate waiting lists for admission and for treatment have been unsuccessful, as the referrals quadrupled to approximately 25 per week, and the active cases reached 800 in the period of one year.

In order for a comparatively small staff to deal with so many patients, it has been necessary to discard many aspects of traditional out-patient psychiatric treatment and search for new, but equally effective, methods. We have had to minimize the number of one-to-one contacts, including much of the individual psychotherapy, and develop a program which would conserve professional staff time and still enable us to care for large numbers of patients. Instead of remaining in essentially isolated roles, our professional staff has learned to share functions and responsibilities to an unusual degree. Our treatment program has concentrated on group activities and group therapy, the primary purpose of which has been to help the patients to adjust better to their individual environments. We are currently studying means of eliminating the unnecessary referrals before they are actually seen, in order to devote more time to those in real need of treatment.

While the alternative to a new approach such as this would have been to sit by as the waiting lists grew to hopelessly impossible proportions, we have been, nevertheless, surprised and very gratified with the results achieved thus far. The staff enjoys an *esprit de corps*, a degree of cooperation, and a feeling of mutual respect which is most remarkable. We have observed improvement in patients where we had not expected it possible and, in general, we believe the new program is an effective one.

The finishing touches, which could not be planned before actual use indicated the need, have been added steadily to the physical plant. Continued community support has enabled us to obtain furnishings and equipment at very low cost. This has made it possible to have a facility which is extremely attractive and comfortable, yet practical, where the usual institutional look has been carefully avoided. The resulting pleasantly therapeutic atmosphere is

obviously appreciated and enjoyed by the patients.

The problems at the Arizona State Hospital have been felt keenly at the Southern Arizona Mental Health Center. In February of this year, the director of the center was also appointed the Acting Superintendent of the hospital. While attempting to serve in this dual capacity, the greater needs of the hospital have required the greater proportion of his time. In addition, our Administrative Assistant was appointed Business Administrator of the hospital in May, also placing him in a dual role until a replacement can be found. Accordingly, our progress during the year has not been just what we had hoped for. Perhaps one direct result of this situation has been the fact the day hospital is operating on only a very limited scale and probably cannot expand to its anticipated capacity without the full complement of staff.

During the original planning and development of the Center, it was impossible to appraise the needs of the Southern Arizona community for such a facility or to predict how enthusiastically it would be accepted. However, the response thus far has been almost overwhelming. All attempts to improve our program have failed to make any lasting impact on our waiting lists for evaluation and for treatment. Referrals continue to pour in, and it becomes increasingly more apparent that these cannot be handled indefinitely without increasing our staff. Although we had believed the physical plant to be adequate for at least several years, we find that additional space is urgently required. The vital need for a small in-patient facility to reduce admissions to the State Hospital effectively is one which must be faced very soon. Traveling professional teams to serve patients in outlying communities are essential in view of the obvious hardships imposed upon many of the patients who now must come long distances to Tucson for treatment.

In summary, by developing the Southern Arizona Mental Health Center during the past year, the State of Arizona has taken a major step toward dealing with the very serious problem of mental illness. Gratifying though this may be, we cannot afford to be complacent. It is painfully obvious that this step forward falls woefully short of even beginning to meet the needs of only one part of the state.

REPORT OF THE BUSINESS ADMINISTRATOR

Robert J. Shearer, M.D.
Acting Director
Arizona State Hospital

Fiscal year 1963-1964 has been a difficult one for the Business Division and for the hospital as a whole. Changes in the administrative staff have naturally led to some confusion, insecurity and discontent on the part of the hospital staff. This has been true in the Business Division, but, for the most part, the staff has responded well and has demonstrated its loyalty to the hospital and its willingness to accept new objectives and methods.

One of the first things done in the Business Division following the change in administration was to effect economies in the application of the 1964-1965 personnel budget so that every cent possible would be available to you for use in employing a qualified professional staff. With the cooperation of the Business Division Department Heads, we were able to successfully cut our personnel budget by approximately 12%. This was done by reducing the size of the staff as normal personnel turnover occurred. These cuts have resulted in the discontinuance of some unnecessary services and have made it necessary for everyone to work a little harder. Our staff has responded well to this.

Accomplishments during the 1963-1964 fiscal year included the construction and activation of a new dietary building, a new administration building and a new chapel. The dietary building, in particular, serves to satisfy a long existing need for improved facilities.

Maintenance collections for the year totaled \$706,000, an increase of more than \$100,000 over the previous year. In the future such collections will be turned over to the State Treasurer rather than used to defray our operating expenses.

With the approval of the Hospital Board, we have discontinued the poultry and vegetable farming operations. These were expensive operations with little or no therapeutic value.

A needed reorganization was accomplished in the Personnel Department with the result that greater emphasis is now being placed on such things as personnel relations, wage and salary administration, position control, education and training and health and safety.

Finally, action during the past legislative session made it possible for us to discontinue the perquisite system. This was accomplished on July 1, 1964 when perquisites such as free housing, meals, laundry, etc. were discontinued. All employees were given raises to compensate them for the loss of their perquisites. The importance of discontinuing the perquisite system is that we can now apply all of our appropriated funds directly to patient care.

As indicated in your report to the Chairman of the State Hospital Board, our immediate need in regard to physical facilities is for a Diagnostic and Treatment Unit, the replacement of C-Building and the development of Out-Patient facilities locally and throughout the state.

The reports that follow were compiled by the Business Division Department Heads and meet the requirements of Section 36-209, ARS. In addition they provide meaningful information in regard to the operation of the hospital.

It has been a personally rewarding experience for me to have been associated with you during the past year, both at the Southern Arizona Mental Health Center and at Arizona State Hospital. From the many indications of support and confidence being expressed by the State Hospital Board and by members of the State Legislature, I feel confident that we will see the day when Arizona State Hospital achieves national recognition as a leader in the treatment of mental illness.

Respectfully submitted,

A handwritten signature in cursive script, reading "Robert K. Eisleben".

Robert K. Eisleben

BUSINESS DIVISION STAFF

Robert K. Eisleben	Business Administrator
R. A. Clelland	Business Administrator
	(resigned 5/15/64)
Jerome O. Rolle	Office Manager
Charles J. Raymond	Purchasing and Materials Manager
Phillip R. Brown	Chief Engineer
Pearl Rogers	Executive Housekeeper
Louise Edwards	Chief Dietitian
Donald McClellan	Personnel Director

PERSONNEL DEPARTMENT

In June and July, 1963, the Personnel Department was audited by an outside Consultant, who found the department to be deficient in almost all areas normally assigned to Personnel.

In response to the findings of the Consultant, a new Personnel Director was appointed August 8, 1963. In the past eleven months the operation of a fairly adequate employment office has been reoriented toward the broader aspects of true personnel management.

Following are some of the actions taken during the past fiscal year to correct the unsatisfactory performance of the Personnel Department:

1. The orientation of new employees is given in more detailed form.
2. The functions of the Fire Marshal were transferred to the Personnel Department, which assumed responsibility for fire and general safety.
3. All personnel procedures were reviewed and those found inadequate were rewritten.
4. A new sick leave policy was put into effect.
5. A new grievance procedure was established.
6. A procedure to notify an employee when his work is below acceptable standards was formalized.
7. An employee appraisal system was initiated and fully explained to all employees.
8. Communications have been improved through the medium of a Personnel News Letter and frequent meetings between supervisors and employees.
9. Increased emphasis has been placed on employee services such as Credit Union, Voter Registration, counseling and assistance in solving their problems.

During the past year, in spite of a situation which might be considered "fluid", a gradual movement was started toward a definition of normal man-

agement control and normal chain of supervision. Supervision at all levels has been made aware of its responsibilities. Employees have been made aware that while they are assured of fair treatment, they may no longer resort to unauthorized channels to circumvent supervision.

Despite the trying period through which the hospital passed in the last year, the employee termination rate was lower than the previous year—36.9% for the year ending June, 1964 as compared to 40.7% for the year ending June, 1963. A new all-time record low was established in the month of November, 1963 when the termination rate fell to 1.4%.

Compulsory staff procedure was initiated by board action on February 21, 1964 in the field of personnel relations. The decision stated in part that no employee will be hired, terminated or subjected to disciplinary action that becomes a matter of record without the Department concerned consulting the Personnel Department.

FUTURE PLANNING (Short Range)

1. Prepare Employees' Handbook.
2. Separate Policy from Procedure and properly document each.
3. Establish systems for utilizing data processing equipment to replace the present cumbersome timekeeping and payroll systems.
4. Establish system for utilizing data processing equipment to produce budgetary salary control information to departmental managers each pay period as well as by annual computation.
5. Document the newly-emerging organizational structure of the hospital.
6. Update and, where necessary, write new job descriptions.
7. Continue efforts to promote better communication within the hospital.

FUTURE PLANNING (Long Range)

1. Creation of a more efficient supervisory force with a thorough understanding of its responsibilities.
2. Creation of a more efficient and stable work force completely loyal to the objectives of the hospital.

ENGINEERING SERVICES DEPARTMENT

Most buildings are in good condition. Generally, major buildings have been constructed new or older buildings have been rehabilitated within the past dozen years. However, two major ward buildings, built in 1886 and 1909, have received all required approvals for demolition and require much needed replacements as soon as funds can be made available. The 1886 building has been vacated by crowding wards and converting other areas to ward use. The acute need for replacement buildings is emphasized by seeing 107 women patients reside in the condemned 1909 building because there is not housing for them that would allow for modern care and treatment techniques.

The former Butcher Shop-Peeling Room Building (facilities included in the recently completed Dietary Building) and two former residences have received all required approvals for demolition. Buildings for the recently discontinued Poultry and Vegetable Gardening operation probably should be removed completely. Their materials would be good for similar use elsewhere. The former Dietary Building, although now fifty years old, could serve a basic function such as storage, after some rehabilitation. The Auditorium, built in 1914, and provided basic improvements in 1945, should be considered for replacement.

The very important receiving, diagnostic and intensive treatment functions should receive priority consideration for their own new building. Such a facility would bring a high return for its investment and would make it possible to vacate condemned facilities such as the 1909 building. The Medical and Surgical facilities are housed in a 1938 building, which has had an addition and some renovations but is now inadequate in many respects. Consideration should be given to providing these facilities adequately. Perhaps this can be done best by using certain portions of, and adding to, an existing modern building.

Most of our new and rehabilitated buildings since 1952 are heated and cooled from a central air conditioning system. A comprehensive study of this system is necessary to determine needs for expansion as individual units in outlying areas require replacing, as buildings are rehabilitated and as new buildings are provided.

Many smaller building improvements are necessary, typical of which are re-locating of piping from the tunnel under the condemned D-Building to an adequate existing tunnel, additional offices for diagnostic and treatment functions and development of the men's maximum security ward patio for recreation use.

Furnishings and equipment ranging from common items to steam turbines are in good condition, consistent with their age, function and rate of use.

The grounds are within a small percent of being totally landscaped. Most of the roadways are paved. Some areas of original paving have exceeded their life expectancy and require resurfacing. Several thousand feet of sidewalk and roadway curbs are needed for pedestrian and vehicle traffic safety. They would also reduce roadway and landscape maintenance and improve the appearance of the plant. The employees' parking lot should be enlarged to require all employees to park there.

A recent management audit of the Engineering Services Department by a well recognized private consultant states that, "The level of engineering and maintenance service provided the Hospital by the Engineering Services Division is very satisfactory. The work is of good quality and in general promptly performed."

Arizona requires an efficient and modern hospital plant to meet the mental health needs of its rapidly growing population.

PURCHASING DEPARTMENT

There follows information regarding improvements made and recognition of areas yet to be improved in the Purchasing Department.

Significant improvements are as follows:

1. Improvements in purchase order procedure and procurement of materials proved most satisfactory. This was indicated by the fact that we were able to conclude the fiscal year with a minimum loss in orders not delivered prior to the end of the year.
2. A concentrated effort was made to control stock and to properly record and fill supply orders. Our annual inventory of supply items showed minimal clerical errors and no appreciable losses. This is a good indication that all personnel worked conscientiously in this effort.

Our attention during the next year will be directed to the following:

1. Greater supervisory guidance to the staff of the department.
2. Formalizing new procedures into writing.
3. Reviewing and updating the specifications of items controlled and stocked by the department.
4. Reviewing and improving the entire work-flow of the department, particularly in the warehouse area.
5. Reviewing and improving the Materials Management program to make it more functional in scope.

Additional objectives for the next year are:

1. Creation of additional storage areas.
2. Detailed review of the functions of the Duplicating Shop, which has recently been assigned to the Purchasing Department.

DIETARY DEPARTMENT

The objective of the Dietary Department is to give care and service to our patient population. We are a part of the team which strives to return the patients to society as productive citizens.

In addition to the routine tasks involved in getting out 6000 nutritionally-balanced, attractive and sanitary meals per day, Dietary takes an active role in assisting with the rehabilitation of hospital patients. An average of 200 industrially-assigned patients are instructed and supervised by Dietary personnel in an effort to bring their productivity, both in quantity and quality, to a standard acceptable to the community. This enables the patients to find gainful employment when released from the hospital. It is a very satisfying aspect of the department's work, but tends to diminish the productivity of our personnel while they carry out the teaching program.

The greatest effort in planning and forecasting for this year went into the new Dietary facility. On January 11, 1964, we occupied the beautiful new building. The move, itself, was quite an event. We planned to transfer almost all of the equipment from the old building to the new structure; yet we had to serve the necessary 6000 meals each day continuously right up to, during and after the move. This required a very careful scheduling of events in order to maintain, at all times, our usual service, with no interruption of meals. We carefully drew up a timetable so that the Butcher Shop moved one day, the Vegetable Preparation Room moved another day, etc. The Dishroom move was deferred to the last possible moment so that discontinuance of the operation would be minimal. During this transition, we used a plastic-coated dish service which is disposable. The cooperation of the other departments of the hospital throughout this tremendous task was superb.

This year brought further changes. A careful analysis of the poultry operation disclosed the fact that this was now obsolete. With proper approval, this activity was phased out. June 30 ended the services of all paid personnel in this area.

Another activity that was found to be obsolete was the vegetable farm. A cost study revealed that we were spending more money on salaries, maintenance and operating costs than was justified by the crops produced. New drugs and therapies supplanted the therapeutic value of farming. We are now clearing our fields of this season's crops and have set August 31 as the target date for cessation of the vegetable operation.

The Coffee Shop has done well this year and we continue to plan for a growing operation. I should like to point out that we consider services rendered patients equally as important as monies received. The pride and joy of this area is the ward shopping cart, which affords our closed-ward patients the satisfaction of shopping for themselves. This area also utilizes and trains a number of hospital patients.

COFFEE SHOP INCOME STATEMENT

Revenue:

Coffee Shop Cash Sales	\$66,969.52	
Vending Machine Sales	3,079.95	
Coffee Shop Merch. Card Sales	39,252.37	
Merchandise Rebate	27.91	
Cigarette Rebate	<u>35.00</u>	
TOTAL RECEIPTS		\$109,364.75

Cost of Goods Sold:

Beginning Inventory July 1-63	\$ 3,949.90	
Net Cost of Purchases	<u>79,102.23</u>	
Goods Available for Sale		\$83,052.13
Ending Inventory June 30-64		<u>4,577.66</u>
Cost of Goods Sold During Fiscal Year		<u>78,474.47</u>
GROSS PROFIT		\$ 30,890.28

Operating Expenses:

Salaries (Regular Employees)	\$20,023.22	
Rental-Vending Machines	96.00	
Bonds for Coffee Shop Employees	125.00	
Industrial Commission	224.93	
Federal Withholding Tax	2,445.23	
Equipmts & Pymts on Equipmnt.	333.01	
Office Supplies & purchase of		
Coffee Shop Cards	208.21	
Uniforms	82.49	
Outside Maintenance	<u>39.50</u>	
	\$23,577.59	
Loss due to pilferage	<u>- 107.97</u>	
TOTAL OPERATING EXPENSES		<u>\$23,685.56</u>
NET PROFIT FOR FISCAL YEAR 1963-1964		\$ 7,204.72

PATIENTS' ENTERTAINMENT FUND

Balance in Fund July 1, 1963	\$17,684.56
Return of Loan 7/1/63	5.00
	\$17,689.56

Revenue:

Coffee Shop-Cash Sales	\$66,969.52
Vending Machine Sales	3,079.95
Individual Card Sales	26,422.77
Industrial Card Sales	14,494.00
Cigarette-Display Rebate	35.00
Merchandise Rebate	27.91
Donations	59.58
Dividends fr. Indust. Commission	31.66
Refund of Bond	5.00

\$111,125.39

Transfer from "Chapel Fund" 4,942.78

TOTAL RECEIPTS \$116,068.17

Expenditures:

Merchandise Purchased	\$79,102.23
Coffee Shop Cards refunds	1,006.26
Salaries	19,709.42
Hosptl. Ins. (Employees Deduct.)	313.80
Federal Withholding Tax	2,445.23
Industrial Commission	224.93
Bonds for Coffee Shop Employees	125.00
Vending Machine Rentals	96.00
Coffee Shop Equipment	77.01
Monthly Payment on "Jet Spray Machine"	256.00
Direct Expense to Coffee Shop Purch. of Coffee Shop Cards & Office Suppl.	208.21
Uniforms for emplys. & pt. wrkrs.	82.49
Outside Maint. for Coffee Shop	39.50
Pts. to: Fair, Rodeo & other funct.	628.00
Services to Patients	995.98

\$105,310.06

Purchases for Chapel:

Office Furniture	\$1,885.46	
New Organ	5,526.90	
Partial Payment on Piano	235.00	
Marble Altar	193.00	
Flower Stands	18.63	
Rolodex & Supplies	66.13	
Port. Stero & Film Projector	247.18	
		\$113,482.96

Increase In Fund	\$ 2,585.21
	\$20,274.77

Fund Accounted for as Follows:

Net Balance in Bank June 30, 1964	\$ 7,217.43
Savings Account	10,000.00
Outstanding Loans	2,933.68
Cash on Hand Business Office (ASH)	48.66
Cash on Hand SAMHC	25.00
Cash on Hand Coffee Shop	50.00

Funds Accounted For June 30, 1964	\$20,274.77
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GENERAL SERVICES DEPARTMENT

The General Services Department comprises four sections under the supervision of the Executive Housekeeper.

HOUSEKEEPING:

This section provided cleaning services for offices, non-ward areas, staff residences and nine wards where the patients are physically unable to clean their own quarters. Classroom instruction and on-the-job training in proper housekeeping techniques are made available to other departments. Assistance in cleaning in areas where Housekeeping personnel are not assigned is also provided. More professional type cleaning services are needed throughout the hospital. Ten more wards definitely need Housekeeping services.

MATTRESS SHOP:

Services from this section included the manufacture and/or repair of mattresses, beds, boxsprings, pillows and other items of furniture and equipment. The shop is supervised by one employee. Patient helpers assigned here receive training and experience that is helpful to them in obtaining jobs when they are released from the hospital.

SEWING ROOM:

Services from this section include the manufacture of clothing and linen supplies. Patterns and materials are changed frequently in the manufacture of clothing to give a variety of styles and colors. Installation of two new sewing machines in the past year greatly improved production in this section.

LAUNDRY:

Approximately three million pounds of laundry were processed during the past fiscal year. This included supplying wards with clean linen, wearing apparel, mops and numerous other items.

Over fifty thousand items of clothing were repaired by the Mending Section. Improved production methods have enabled the Laundry to go on a five-day work week. Some newer automatic machinery will be required as replacement in the future, if this section is to operate efficiently with a minimum of personnel.

OFFICE MANAGER'S REPORT

The Business Office moved into the new Administration Building April, 1964. Everyone appreciates and enjoys working in this new facility.

Data Processing added equipment inventory to the mechanized system and is planning to convert other materials to the system this fiscal year.

Maintenance Collections reached a new high—\$706,941.00; of this figure, \$161,123 reverted to the State General Fund at the end of the fiscal year. The balance of the monies was used to supplement the hospital's Current Expenditure appropriation. A total of \$254,667.00, from both collections and appropriations, reverted to the State General Fund.

A unit of personnel was added to the Collections Department and a Receptionist was employed for the new building.

Workload increases in the areas of Switchboard, Cashiering and Claims Bookkeeping suggest one unit of personnel be added in each area for the next fiscal year.

EXPENDITURE REPORT

GOVERNMENTAL CODE	APPROPRIATIONS & OTHER INCOME	EXPENDED	UNUSED BALANCE	REVERTED TO GENERAL FUND	FORWARD TO 1964-1965
1-3-11-000-0101 Personal Svs— (Tucson Clinic)	41,350.00	41,128.92	221.08	221.08	
1-3-11-000-0102 Personal Svs—Pilot Study Mentally Ill Children	30,000.00		30,000.00	30,000.00	
1-3-11-000-0103 Personal Svs—Other	2,550,000.00	2,532,108.00	17,892.00	17,892.00	
1-3-11-000-0200 Current Expenditure— Other	484,000.00	460,310.10	23,689.90	23,689.90	
1-3-11-000-0201 Food	400,000.00	386,368.91	13,631.09	13,631.09	
1-3-11-000-0300 Subscriptions & Organ- ization Dues	2,650.00	2,642.73	7.27	7.27	
1-3-11-000-0401 Travel—State	2,500.00	2,455.66	44.34	44.34	
1-3-11-000-0402 Travel—Out of State	4,000.00	3,464.99	535.01	534.01	
1-3-11-000-0404 Travel—Out of State Return of patients	14,000.00	9,600.30	4,399.70	4,399.70	
1-3-11-000-0501 Capital Outlay—Equipmt	87,000.00	86,598.71	401.29	401.29	
1-3-11-000-0502 (fwd) Capital Outlay—Land, Purchase or Constr. & Equip., Southern Ariz. Mental Health Center ..	5,979.63	5,961.99	17.64	17.64	
1-3-11-000-0504 Capital Outlay— Building & Impr.	15,000.00	13,019.72	1,980.28		1,980.28

GOVERNMENTAL CODE	APPROPRIATIONS & OTHER INCOME	EXPENDED	UNUSED BALANCE	REVERTED TO GENERAL FUND	FORWARD TO 1964-1965
1-3-11-000-0800 Special Operating	* 706,941.40	545,817.92	161,123.48	161,123.48	
1-3-11-000-0900 Current Fixed Chgs	16,500.00	16,480.95	19.05	19.05	
1-3-11-000-1000 Professional Services	50,000.00	44,119.44	5,880.56		5,880.56
1-3-11-000-1200 Discharge Money-Inmates	500.00	314.00	186.00	186.00	
1-3-11-000-1300 Revolving account	2,500.00	- 0 -	2,500.00	2,500.00	
1-3-11-000-1500 State Building Fund (fwd)	616,900.65	616,900.65	- 0 -	- 0 -	- 0 -
1-3-11-010-0100 Personal Services	188,550.00	126,847.44	61,702.56		61,702.56
1-3-11-010-0501 Capital Outlay- New Equipment	45,535.00	44,068.78	1,466.22		1,466.22
2-3-11-000-0700 Endowment Earnings ..	<u>140,942.90</u>	62,311.51	78,631.39		78,631.39
TOTAL AVAILABLE FOR EXPENDITURE \$5,404,849.58					
TOTAL EXPENDITURE		<u>\$5,000,520.72</u>			
BALANCE JUNE 30, 1964			<u>\$404,328.86</u>		
REVERT TO GENERAL FUND				<u>\$254,667.85</u>	
BALANCE FORWARD 1964-1965					<u>\$149,661.01</u>

* Maintenance Collections

